

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**

or Fax (703) 746-4000

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

27896 7590 05/19/2005

**EDELL, SHAPIRO & FINNAN, LLC**  
1901 RESEARCH BOULEVARD  
SUITE 400  
ROCKVILLE, MD 20850

07/19/2005 MBYEENE2 00000050 10780884

01 FC:1501 1400.00 0P  
02 FC:1504 300.00 0P



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### Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/780,884	02/19/2004	Francis Goodwin	0928.0037C	9053

TITLE OF INVENTION: METHOD OF DETERMINING THE OVERLAY ACCURACY OF MULTIPLE PATTERNS FORMED ON A SEMICONDUCTOR WAFER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/19/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
LEVIN, NAUM B		2825	716-021000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list **Edell, Shapiro & Finnman LLC**

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Infineon Technologies, AG**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**GERMANY**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **05-0460** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

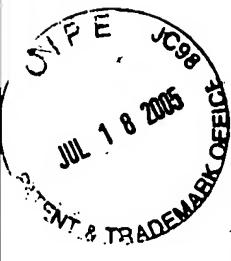
*July 18, 2005*

Typed or printed name **Heather Morin**

Registration No. **37,336**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/780,884  
Applicant : Francis Goodwin  
Filed : February 19, 2004  
TC/A.U. : 2858  
Examiner : LEVIN, Naum B.  
Confirmation No. : 9053  
Docket No. : 3000.0037C  
Customer No. : 054500  
Title : Method of Determining the Overlay Accuracy of Multiple Patterns Formed on a Semiconductor Wafer

### Mail Stop Issue Fee

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

### ISSUE FEE TRANSMITTAL

Transmitted herewith is an Issue Fee Transmittal (Form PTOL 85b) for the above-identified application.

Also enclosed is:

Other: \_\_\_\_\_

Fees:

Issue Fee of \$1400.00  
 Other Fees: \$300.00 for Publication Fee.

Total fee: \$1700.00

Payment of Fees:

- Check No. 8954 in the amount of \$1700.00 for the total fee is attached.
- Please charge \$\_\_\_\_\_ to Deposit Account No. 05-0460 for the total fee. This paper is being submitted in duplicate.

- The Commissioner is hereby authorized to charge any additional fees that may be required, and to credit any overpayment, to Deposit Account No. 05-0460.

Dated: July 18, 2005

**EDELL, SHAPIRO & FINNAN, LLC**  
**CUSTOMER No. 054500**  
1901 Research Boulevard, Suite 400  
Rockville, MD 20850  
(301) 424-3640

By:

Respectfully submitted by  
**EDELL, SHAPIRO & FINNAN, LLC**

  
Heather Morin  
Reg. No. 37,336